

The bill will also reduce the deficit if you believe Congress will allow a massive new tax to be imposed on middle-class tax payers. I hope no one believes that.

If you don't believe Congress will allow all these things to happen, then you can't believe this bill will reduce the deficit. President Obama, in his remarks to the American Medical Association this summer, acknowledged the need to address our out-of-control medical liability. Rather than addressing this issue, this partisan bill preserves the costly, dangerous, duplicative medical malpractice system.

President Obama finally said no Federal dollars will go to pay for abortion. According to the National Right to Life and the Conference of Catholic Bishops, the Reid bill fails this requirement as well.

Despite all these failures, it is still not the worst health care bill in Congress. The Wall Street Journal got it right when they described the House-passed bill as the worst bill in America. Even if the Senate passed the bill before us today, it would still have to go to conference with the House bill and any final bill would have to move toward several provisions in the House bill and poll after poll suggests that the American people are opposed to this bill, let alone the wild one from the House.

If we cannot defeat this partisan bill and get back to work for the American people and write a bill that garners the support of both parties, doing it step by step so we can assure, for instance, the seniors that Medicare money will only be spent on Medicare—that is one of the pieces that ought to have been in that unanimous consent I started talking about. That is not going to happen, though. They are going to take a bunch of money out of there.

I think this legislation fails to meaningfully address these goals and will stick the American people with a bill we cannot afford. I believe we can do better, and we owe it to the American people to do so.

I yield the floor.

The PRESIDING OFFICER (Mrs. HAGAN). The Senator from Connecticut is recognized.

Mr. DODD. Madam President, let me begin, if I may, by congratulating the majority leader and my colleague and dear friend from Montana, Senator BAUCUS, and members of the Finance Committee as well as the members of the HELP Committee. As I said before, I am sort of an accidental participant in all this, in the sense that the person who should be standing at this desk and at this podium as the chairman of the HELP Committee is, of course, our deceased colleague from Massachusetts. I was filling in for him during the months of his illness and managing the markup of the bill that produced part, half—whatever the percentage is—of the combined legislation. All our colleagues know, whether you agreed or disagreed with him, he considered

this issue to be what he called the passion of his public life, to make a difference for all Americans when it comes to their health care. So I know it is with a sense of sadness that, on the day on which we begin this historic debate and discussion, he is not here to participate—at least physically. We sense his presence, of course, those of us who had the privilege of serving with him for so many years, as Senator BAUCUS and I did, and worked with him on these many issues. Of course, our colleague from Wyoming, Senator ENZI, and Senator GRASSLEY did as well over the years. I thank all members of the committee.

It was a laborious undertaking. The Presiding Officer was very much a part of that as well, during those many hours we gathered in the Senate caucus room—the Russell caucus room now named the Kennedy caucus room—in some 23 sessions, over many hours. But that was only the culmination of an effort that began a long time ago.

Actually, the business of writing this bill began months and months earlier. My colleague from Montana can appreciate the hours I know I spent in meetings in his office, late into the evening, long before a markup began. Long before any formal conversations and discussions, there was a significant reaching out to our colleagues, to try to bring us together and develop what we all hoped to be the case and still can be the case; that is, a consensus bill, a bipartisan bill on health care.

I know as a matter of fact here, beginning last fall, Senator Kennedy, when he did have his strength, met on countless occasions with members of the minority to try and navigate the minefield of health care ideas, to see if it couldn't be possible to put together that kind of a consensus bill.

I know our committee began a long process, beginning last winter, to try to begin, long before the markup of this summer, to draft such a proposal, having what they call a walk-through of legislation, going through the various ideas and listening.

It was with some regret that I say this idea that the bill somehow being jammed down people's throats, with little or no thought given to other people's ideas and thoughts, is not borne out by the facts. I have been here for many years. I have been through many markups over three decades in this body on various committees. This effort was and still remains an effort to try to bring us together about this issue, which has such a massive impact on not only the individuals of our Nation who go through the fear every day of wondering whether the coverage they have will be adequate; and if they don't have that coverage, whether an illness or tragedy could befall them that could wipe out everything they have—not only today but for the rest of their lives.

This journey begins. My hope is, before we have finished the task, we will find that common ground that we each bear responsibility to try and achieve.

Before we left for the Thanksgiving holiday, the Senate held a landmark vote on whether we should even debate health care. I must say a lot of attention was given to that. There must be a lot of confusion in the minds of many Americans, wondering why we had to debate whether we could debate. The one issue this body is known for is endless debate. We are not limited, under our rules of the Senate, at least not formally limited, by how much time we can consume when we want to talk. The filibuster is a unique practice which only the Senate has. So we had to vote as to whether we could actually have a vote. We had a debate on whether we could have a debate on the subject matter that is obviously of great concern, whether you agree or disagree.

I think all Americans agree the present system needs a lot of work. The vote we took simply stated that after decades of inaction, despite the efforts of others over the years, this time the Senate would not fail to deliver the change the people we represent across America want and need.

We now begin that long, overdue conversation over exactly what change should look like in the area of health care. There are, as has been made clear over the past months, many different opinions on the subject matter, almost as many as there are Members of this body. I hope my fellow Senators are ready to share their thoughts, listen to the ideas of their colleagues and, most importantly, join together to act. The legislation we present for debate is designed to fix the things that are wrong with our system, while protecting and strengthening the things that are great about health care in America. As I have heard my colleague from Montana say on so many occasions, we are not out here to design or copy what goes on in Canada or Europe or Australia or New Zealand or any other country around the world. We are here to design an American health care plan, an American plan, one we are forging after listening to health care providers, our constituents, and others who have great interest in the debate and discussion and who bring very valuable facts to the table, as all of us, individually, even those not on the committee, have listened over many weeks and months—in fact, over many years that we have been debating this subject matter.

Our long history of innovation and discovery—cures, vaccines, and treatments, discovered and produced right here in our own country, that have saved countless lives here and around the world—is something for which every American ought to be proud. Our legislation, this combined bill, encourages that innovation so more groundbreaking medical discoveries can be made in America.

In fact, one of the debates that occurred in the HELP Committee, as my colleague and the Presiding Officer may recall, was on an amendment offered by Senator HATCH—no technical